07025

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

94a

Reg. Dist. No. 131

W

I

VS A15 9-45-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County: Frederick

City or town: Frederick (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 22 hours

Hospital, institution, or street address where death occurred: Frederick Memorial Hospital

How long in hospital or institution? 22 hours

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Frederick

City or town: Liberty Town, Md. (If outside city or town limits, write RURAL and give nearest town)

Street No.: R.F.D. #1 (If rural, give LOCATION)

2.(a) If veteran, name war: none

3.(a) FULL NAME: Wallace R Beall

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	widowed

6.(b) Name of husband or wife: Martha E. Wilhide (dead) 6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 26, 1872

8. AGE: Years 75 | Months 1 | Days 12 | If less than one day ____ hrs. ____ min.

9. Birthplace: Libertytown, Frederick, Md (Town, county, and state)

10. Usual occupation: Teacher

11. Industry or business: (Retired)

FATHER 12. Name: Washington Beall

13. Birthplace: Libertytown Md

MOTHER 14. Maiden name: Jane Callenbury

15. Birthplace: Libertytown, Md

16. Informant: Mrs. Guy Wallace Poole

Address: Libertytown, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 10, 1947 (month) (day) (year)

Cemetery or crematory: Farmers Cemetery

Location: Libertytown, Md

18. Funeral director: Harry E. Canty Con

Address: Frederick, Md.

19. 9 Aug 1947 (Date rec'd by registrar) Elizabeth G. Heck, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 7 1947 at 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 6 1947 to Aug 7 1947 and that I last saw him alive on Aug 7 1947

Immediate cause of death	DURATION
Acute Coronary Thrombosis	1 day
Due to:	
Due to: Arteriosclerosis	Several years
Other conditions: Poly arthritis Chronic Arthritis (Include pregnancy within 3 months of death)	

Major findings of operations: None

Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: A. A. Pierr M.D. M. D. or other

Address: Frederick, Md. Date signed: 8/8/47

07026

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County: Frederick
~~City or town~~: Frederick-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
I. O. O. F. Home
How long in hospital or institution? Since February 14, 1943

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or ~~town~~: Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: None

3.(a) FULL NAME
HARRY DORSEY BUSICK

3.(b) Social Security Number
None

4. Sex	5. Color or race	6.(a) ~~Single, married, widowed, or divorced~~
M	W	W

6.(b) Name of ~~husband or~~ wife: Ida D. (last name unknown) 6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): January 1, 1856

8. AGE: Years	Months	Days	If less than one day
91	7	4	hrs. min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)
10. Usual occupation: Retired
11. Industry or business

FATHER
12. Name: Daniel Bain Busick
13. Birthplace: Baltimore, Maryland

MOTHER
14. Maiden name: Anne Bowyer
15. Birthplace: Club Hill, Maryland

16. Informant: I. O. O. F. Home Records
Address: Frederick, Maryland

17. Burial
(Burial, ~~cremation, or removal. Which?~~) Date thereof: 8/7/47 (month) (day) (year)
Cemetery or ~~crematory~~: Greenmount Cemetery
Location: Baltimore, Maryland

18. Funeral director: M. R. Etchison and Son
Address: Frederick, Maryland

19. 6 Aug 1947 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 5th, 1947 at 8:15A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1947 to Aug. 5 1947
and that I last saw him alive on Aug. 5 1947

Immediate cause of death: Chronic myocarditis — DURATION: 1 year
Due to:
Due to:
Other conditions: Arteriosclerosis.
(Include pregnancy within 3 months of death)
Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Wm M. Smith M. D.
M. D. or other
Address: Frederick, Maryland Date signed: 8-6-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

67027

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

73a

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:
County: Frederick
City or town: Lewistown - rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 20 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Lewistown - rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Lillian Eliza Carr

3. (b) Social Security Number: none

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Oscar B. Carr
6.(c) If alive, give age: 56 years

7. Birth date of deceased (mo., day, yr.): August 28, 1889

8. AGE: Years: 57 Months: II Days: 4 If less than one day: hrs. min.

9. Birthplace: Lovettsville, Virginia
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Ashland George
13. Birthplace: Lovettsville, Va.

MOTHER
14. Maiden name: Eleanor Johnson
15. Birthplace: Lovettsville, Va.

16. Informant: Mr. Oscar B. Carr
Address: Thurmont, Md. R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 5, 1947 (month) (day) (year)
Cemetery or crematory: Leesburg Cemetery
Location: Leesburg, Virginia.

18. Funeral director: M. L. Creager & Son
Address: Thurmont, Md.

19. Aug. 4 1947 (Date rec'd by registrar) Blanche S. Eyler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 2, 1947 8:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March, 10 1947 to Aug. 2 1947
and that I last saw her alive on Aug. 1st 1947

Immediate cause of death	DURATION
Acute Pernicious Anemia	6 mos
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: J. M. Baxter. M. D. or other
Address: Frederick. Md. Date signed: Aug. 2/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

67028

Reg. Dist. No. 139

1. PLACE OF DEATH:

County: Frederick

City or town: State Sanatorium, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since 4/11/46

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since 4/11/46

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Prince George

City or town: Brentwood

(If outside city or town limits, write RURAL and give nearest town)

Street No. 4110 - 40th St.

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME

Robert P. Celley

3.(b) Social Security Number

009-09-1977

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): December 7, 1899

8. AGE: Years	Months	Days	If less than one day
47	8	7	hrs. min.

9. Birthplace: St. Johnsbury, Vermont (Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business:

FATHER — 12. Name: Charles A. Celley

13. Birthplace: Vermont

MOTHER — 14. Maiden name: Evelyn L. Pierce

15. Birthplace: Vermont

16. Informant: Deceased

Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 20, 1947 (month) (day) (year)

Cemetery or crematory: Mountrose

Location: Frederick Co. Md.

18. Funeral director: M. L. Creager & Son

Address: Thurmont, Maryland

19. August 15 1947 (Date rec'd by registrar) O B Lyn Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 14 1947 at 5:10P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 11 1946 to August 14 1947 and that I last saw him alive on August 14 1947

Immediate cause of death	DURATION
Pulmonary Tuberculosis	3 Yrs.
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: O B Lyn M. D.

Address: State Sanatorium, Md. Date signed: 8/15/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

186a

CERTIFICATE OF DEATH

67029

Reg. Dist. No. 131

1. PLACE OF DEATH:

County: Frederick

City or town: Frederick-Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 912 North Market Street

(If rural, give LOCATION)

2.(a) If veteran, name war: None

3.(a) FULL NAME

LAURA COLLINS

3.(b) Social Security Number

None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	W

6.(b) Name of husband or wife: James T. Collins

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 22, 1875

8. AGE: Years	Months	Days	If less than one day
72	0	25	....hrs. ....min.

9. Birthplace: Wilmington, Delaware (Town, county, and state)

10. Usual occupation: At Home

11. Industry or business

FATHER

12. Name: William McGonigal

13. Birthplace: Wilmington, Delaware

MOTHER

14. Maiden name: Jeanette Daugherty

15. Birthplace: Wilmington, Delaware

16. Informant: Mrs. Allen D. Spencer

Address: 912 N. Market St., Frederick, Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof: 8/18/47 (month) (day) (year)

Cemetery or crematory

Location: Wilmington, Delaware

18. Funeral director: M. R. Etchison and Son

Address: Frederick, Maryland

19. Aug. -18- 19 47 (Date rec'd by registrar) Elizabeth G. Heck Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 17th, 19 47 at 4:45A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 19 47, to Aug 17 19 47 and that I last saw h... alive on Aug 19 19 47

Immediate cause of death: Cardio Vascular Cerebral Hemorrhage

Due to: Hypertension

Due to:

Other conditions: Fracture: L Hip Slipped on rug. (Include pregnancy within 3 months of death)

DURATION: 1 week

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of 6/13/47

Where did injury occur? Frederick (City or town) Fred. Co. (County) Md. (State)

Injured at home, farm, industry, public place (where?): Home

Means of injury: Slipped on rug. (9/24/47 do) Injured at work?

23. SIGNATURE: H Lawrence Fahey M.D. M.D. or other

Address: Frederick Md Date signed: 8-17-47

VS-A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07030

Reg. Dist. No. 139

1. PLACE OF DEATH:

County: Frederick

City or town: State Sanatorium, Maryland (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since 5/26/47

Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since 5/26/47

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore (If outside city or town limits, write RURAL and give nearest town)

Street No. 119 S. Wolfe St. (If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: ~~Euva S.~~ Craigmiles, Euva S.

3.(b) Social Security Number: 283-14-2364

4. Sex: ~~Female~~ F

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband: Russell Craigmiles

6.(c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): Sept. 28, 1905

8. AGE: Years 41 Months 10 Days 4 If less than one day: hrs. min.

9. Birthplace: Dublin, Virginia (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER 12. Name: Thomas Faulkner

13. Birthplace: West Virginia

MOTHER 14. Maiden name: Alice Leslie

15. Birthplace: West Virginia

16. Informant: Deceased

Address:

17. Removal (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory: ~~Williamsport~~

Location: Williamsport

18. Funeral director: ~~M. L. Creager & Son~~ Wm Eckle

Address: ~~Thurmont, Maryland~~ Williamsport

19. Aug. 1 1947 (Date rec'd by registrar) J. B. Lyon Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 1 1947 at 2:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 26 1947 to Aug. 1 1947 and that I last saw her alive on August 1 1947

Immediate cause of death: Pulmonary Tuberculosis — Duration: 10 Mos.

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J. B. Lyon M. D.

Address: State Sanatorium, Md. Date signed: 8/1/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

93d

CERTIFICATE OF DEATH

07031

Reg. Dist. No. 131

1. PLACE OF DEATH:
County: Frederick
City or town: Frederick-Rural R. F. D. #4
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 1942
Hospital, institution, or street address where death occurred: Feagaville
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Frederick-Rural R. F. D. #4
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Feagaville
(If rural, give LOCATION)
2.(a) If veteran, name war: None

3.(a) FULL NAME: WILBUR DEWITT CULLER

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	M

6.(b) Name of husband or wife: Maranda Stup
6.(c) If alive, give age: 57 years

7. Birth date of deceased (mo., day, yr.): September 22, 1891

8. AGE:

Years	Months	Days	If less than one day
55	10	24	hrs. min.

9. Birthplace: Utica-Frederick-Maryland
(Town, county, and state)
10. Usual occupation: Retired Farmer
11. Industry or business

FATHER
12. Name: William L. Culler
13. Birthplace: Frederick County Maryland

MOTHER
14. Maiden name: Sarah Krantz
15. Birthplace: Wheatland, Virginia

16. Informant: Mrs. Maranda S. Culler
Address: R. F. D. #4, Frederick, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 8/18/47 (month) (day) (year)
Cemetery or crematory: St. Lukes Cemetery
Location: Feagaville, Maryland

18. Funeral director: M. R. Etchison and Son
Address: Frederick, Maryland

19. Aug. 18 (Date rec'd by registrar) 19 47 Elizabeth G. Heck Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 16, 19 47 at 3 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 19 46 to Aug 16 19 47 and that I last saw h alive on Aug 15 19 47

	DURATION
Immediate cause of death: Pulmonary edema	2 Days
Due to: Chronic Congestive heart failure	6 mo.
Due to: Chronic myocarditis	
Other conditions: Nephrolithiasis - Bilateral - non-contributing. (Include pregnancy within 3 months of death)	5 yrs (9/24/42 G.S.)

Major findings of operations: —
Date of op.
Autopsy results: —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: —
Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: A. Lackett Rice M. D.
M. D. or other
Address: Jefferson, Maryland Date signed: 8-16-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

67032

Reg. Dist. No. 139

Evidence for change of duration of illness is shown on Film G-112 - 8/20/47.

1. PLACE OF DEATH:

County: Frederick

City or town: State Sanatorium, Maryland (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since 6/5/46

Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since 6/5/46

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore (If outside city or town limits, write RURAL and give nearest town)

Street No. 702 N. Appleton St. (If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Katherine De Hart

3.(b) Social Security Number: 219-07-4100

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): December 17, 1915

8. AGE: Years	Months	Days	If less than one day
31	7	19	hrs. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER 12. Name: Henry P. Voigt

13. Birthplace: Germany

MOTHER 14. Maiden name: Katherine Velten

15. Birthplace: Baltimore, Maryland

16. Informant: Deceased

Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 8-47 (month) (day) (year)

Cemetery or crematory: Loudon Park

Location: Balto Md.

18. Funeral director: M. L. Creager & Son

Address: Thurmont, Maryland

19. August 7 1947 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 5 1947 at 1:45P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 5 1946 to August 5 1947 and that I last saw her alive on August 5 1947

Immediate cause of death: Pulmonary Tuberculosis — DURATION: ~~20~~ 19 Mos.

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J B Lyon M. D.

Address: State Sanatorium, Md. Date signed: 8/7/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

129

07033

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County: Frederick

City or town: Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 Months

Hospital, institution, or street address where death occurred: 229 East Sixth Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 229 East Sixth Street

(If rural, give LOCATION)

2.(a) If veteran, name war: None

3.(a) FULL NAME: CHARLES RICHARD DINTERMAN

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	S

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): January 16, 1947

8. AGE: Years 0 | Months 7 | Days 5 | If less than one day: hrs. min.

9. Birthplace: Frederick-Frederick-Maryland (Town, county, and state)

10. Usual occupation: Infant

11. Industry or business

FATHER

12. Name: J. Albert Dinterman

13. Birthplace: Frederick County Maryland

MOTHER

14. Maiden name: Ella May Wetzel

15. Birthplace: Frederick County Maryland

16. Informant: J. Albert Dinterman

Address: 229 E. 6th St., Frederick, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 8/23/47 (month) (day) (year)

Cemetery or crematory: St. Johns Cemetery

Location: Frederick, Maryland

18. Funeral director: M. R. Etchison and Son

Address: Frederick, Maryland

19. 22-Aug-19 47 (Date rec'd by registrar) Elizabeth G. Huck Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 21 1947 at 11:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

aed that I last saw h.e. l.v. alive on Aug 21 1947 died

Immediate cause of death: Fecal peritonitis — DURATION: 3 days

Due to: Cause unknown

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work? Drowning Fred

23. SIGNATURE: R. W. Baer Ex. M. D. or other

Address: Frederick, Md. Date signed: 8-21-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

67034

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH:
County: Frederick
~~City~~ or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 8 years
Hospital, Institution, or street address where death occurred: Emergency Hospital
How long in hospital or institution? 5 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
~~City or town~~: Rural Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: none

3.(a) FULL NAME Guy Earl

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	White	Single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug 1 Know

8. AGE: Years 57 | Months | Days | If less than one day: hrs. min.

9. Birthplace: Pennsylvania (town, county, and state)

10. Usual occupation: Farm Laborer

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: "

MOTHER
14. Maiden name: "
15. Birthplace: "

16. Informant: Emergency Hospital
Address: Frederick - Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 11, 1947 (month) (day) (year)
Cemetery or ~~crematory~~: Mountain Cemetery
Location: Frederick, Md.

18. Funeral director: C. E. Cline & Son
Address: Frederick - Md.

19. 11-Aug 1947 (Date rec'd by registrar) Elizabeth G. Heck Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 8 1947 at 10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1 1947 to Aug 8 1947 and that I last saw him alive on Aug 8 1947

Immediate cause of death	DURATION
Hypostatic pneumonia	8 days
Due to: Chronic Myocarditis	2 yrs +
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: R. O. Rhoades M. D. or other
Address: Middletown, Md. Date signed: 8/11/47

VS-A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

07035

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

92d

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:
County: Frederick
City or town: Thurmont, Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Thurmont - rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Emma E. Eichelberger.

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: George M. Eichelberger

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): May 2, 1860

8. AGE: Years: 87 Months: 3 Days: 19 If less than one day ... hrs. ... min.

9. Birthplace: Creagerstown, Frederick Co. Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER
12. Name: Samuel Stambaugh
13. Birthplace: Frederick County, Md.

MOTHER
14. Maiden name: Eliza Winebrenner
15. Birthplace: Frederick County, Md.

16. Informant: Mrs Bessie Martin
Address: Thurmont, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 24, 1947 (month) (day) (year)
Cemetery or crematory: Creagerstown
Location: Creagerstown, Md.

18. Funeral director: M. L. Creager & Son
Address: Thurmont, Md.

19. Aug. 24 1947 (Date rec'd by registrar) Blanche L. Eyler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 21, 1947 at 9 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 18 1947, to Aug. 21 1947 and that I last saw h. ex alive on Aug. 21 1947

Immediate cause of death	DURATION
Cholelithiasis - acute with gallstone colic	3 days
Due to	
Due to	
Other conditions: Myocarditis and Chr. Valvular heart disease	12 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: James K Gray M.D. M. D. or other
Address: Thurmont Md. Date signed 8/22/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

07036

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1310

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:
County: Frederick
City or town: Lantz
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 40 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Lantz
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Mary Viola Eyler

3.(b) Social Security Number: None

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widowed
6.(b) Name of husband or wife: William Eyler
6.(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Sept. 8, 1904
8. AGE: Years 42 Months II Days 9 If less than one day hrs. min.
9. Birthplace: Lantz, Frederick Co., Md. (Town, county, and state)
10. Usual occupation: Housework
11. Industry or business
FATHER 12. Name: James Wetzell
13. Birthplace: Lantz, Md.
MOTHER 14. Maiden name: Alice Smith
15. Birthplace: Lantz, Md.
16. Informant: Mrs. James Wetzell
Address: Lantz, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 20, 1947 (month) (day) (year)
Cemetery or crematory: United Brethern
Location: Thurmont, Md.
18. Funeral director: M. L. Creager & Son
Address: Thurmont, Md.
19. Aug. 19 1947 (Date rec'd by registrar) Blanche S. Eyler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 17, 1947 at 3:10 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15 1946 to August 17 1947 and that I last saw h. alive on August 17 1947

	DURATION
Immediate cause of death: Cerebral hemorrhage	5 hrs
Due to: Hypertension	
Due to:	
Other conditions: Chronic nephritis	
Chronic myocarditis (Include pregnancy within 3 months of death)	

Major findings of operations: none
Date of op.
Autopsy results: not done
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: M. Frankl Birch M.D. M. D. or other
Address: Thurmont, Md. Date signed Aug. 18, '47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

07937

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83 R

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:
County: Frederick
City or town: Brunswick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 36 years
Hospital, institution, or street address where death occurred: 17 West "B"
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Brunswick
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 17 West "B"
(If rural, give LOCATION)
2.(a) If veteran, name war: —

3.(a) FULL NAME: Gertrude Rosina Garrott

3.(b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Single.

6.(b) Name of husband or wife: —
6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): May 8 1870

8. AGE:

Years	Months	Days	If less than one day
77	3	20	hrs. min.

9. Birthplace: Maryland. (Town, county, and state)
10. Usual occupation: None
11. Industry or business: None

FATHER
12. Name: John E. Garrott
13. Birthplace: Maryland.

MOTHER
14. Maiden name: Anna Rebecca Harrison
15. Birthplace: Virginia

16. Informant: Edith Olivia Garrott
Address: Brunswick Md.

17. Burial (Burial, cremation, or removal, which?) Date thereof: Sept 1st 1947 (month) (day) (year)
Cemetery or crematory: St. Marks
Location: Petersville Md.

18. Funeral director: C. H. Fritz & Bro
Address: Brunswick Md.

19. Aug 29 1947 (Date rec'd by registrar) Kathryn N. Brown Dep. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 28 1947, at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 18 1947 to Aug 28 1947 and that I last saw her alive on Aug 18 1947

Immediate cause of death: Cerebral Thrombosis — DURATION: 10 days
Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Brunswick Md. Date signed: 8/29/47

M

MARGIN RESERVED FOR BINDING

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

PLEASE WRITE MAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

07938

CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DEATH:
County: Frederick
City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 14 days
Hospital, Institution, or street address, where death occurred: Frederick Memorial
How long in hospital or institution? 14 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
~~City or town~~: Rural--New Windsor
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Oak Orchid
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME Miss Maude Gitt.

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct. 2, 1882

8. AGE: Years 64 | Months 10 | Days 3 | If less than one day: hrs. min.

9. Birthplace (Town, county, and state): Carroll Co. Maryland

10. Usual occupation: Housework

11. Industry or business:

FATHER
12. Name: Robert Gitt
13. Birthplace: Penna.

MOTHER
14. Maiden name: Anna L. Waltz
15. Birthplace: Maryland

16. Informant: Mr. P. Thomas Dudderar
Address: New Windsor, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 8-7-1947 (month) (day) (year)
Cemetery ~~or crematory~~: Linganore
Location: Unionville, Frederick Co. Md.

18. Funeral director: C. M. Waltz
Address: Winfield, Md.

19. 6-Aug 1947 (Date rec'd by registrar) Elizabeth G. Heck. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 5 1947 at 2:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 22 1947 to Aug. 5 1947 and that I last saw him alive on Aug. 5 1947

Immediate cause of death: Acute Coronary Thrombosis — DURATION: 2 weeks.
Due to:
Due to:
Other conditions: Arteriosclerosis.
(Include pregnancy within 3 months of death)
Major findings of operations: None
Date of op.:
Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE A. A. Pearre, M.D. M. D. or other
Address: ~~Frederick~~, Md. Date signed Aug. 5, 47

07039

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

52b

CERTIFICATE OF DEATH

BC

Reg. Dist. No. 131

1. PLACE OF DEATH:

County: Frederick

City or town: Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution? Since July, 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 3302 Richmond Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war: None

3.(a) FULL NAME: CELESTE SHUFFLER GODBEE

3.(b) Social Security Number: 217-26-9053

4. Sex	5. Color or race	6.(a) ~~Single, married, widowed, or divorced~~
F	W	W

6.(b) Name of husband or ~~wife~~: John A. Godbee

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): September 14, 1912

8. AGE: Years	Months	Days	If less than one day
34	11	1	hrs. min.

9. Birthplace: Chambersburg, Pennsylvania (Town, county, and state)

10. Usual occupation: Clerk

11. Industry or business

FATHER 12. Name: George C. Myers

13. Birthplace: Mount Alto, Pennsylvania

MOTHER 14. Maiden name: Blanche R. Shuffler

15. Birthplace: Frederick County Maryland

16. Informant: Mrs. H. Douglas Stup

Address: 36 E. 3rd St., Frederick, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 8/17/47 (month) (day) (year)

Cemetery or ~~crematory~~: Mount Olivet Cemetery

Location: Frederick, Maryland

18. Funeral director: M. R. Etchison and Son

Address: Frederick, Maryland

19. 15 Aug 1947 (Date rec'd by registrar) Elizabeth G. Heck Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 15, 1947 at 1:55A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 24 1947 to Aug. 15 1947 and that I last saw alive on Aug. 15 1947

Immediate cause of death	DURATION
Carcinoma of Bladder	3 mo.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: A. A. Pearre M. D. (M. D. or other)

Address: Frederick, Maryland Date signed: 8-15-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

07040

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County: Frederick
City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred: Frederick Memorial Hospital
How long in hospital or institution? 2 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Frederick
~~City or~~ town: Mt. Airy
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Grumbine, M. William.

3.(b) Social Security Number

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name ~~of husband or~~ wife: Alice M. Grumbine
6.(c) If alive, give age 63 years
7. Birth date of deceased (mo., day, yr.): March 15 - 1871

8. AGE: Years 76 | Months 7 | Days 0 | If less than one day hrs. min.

9. Birthplace: Carroll Co. Md (Town, county, and state)
10. Usual occupation: Retired Farmer
11. Industry or business

FATHER
12. Name: William H. Grumbine
13. Birthplace: Penna.

MOTHER
14. Maiden name: Margaret Swope
15. Birthplace: Penna.

16. Informant: Mrs. Alice M. Grumbine
Address: Mt. Airy Md.

17. Burial (Burial, ~~cremation, or removal~~. Which?) Date thereof 8-17-47 (month) (day) (year)
Cemetery ~~or crematory~~: Wesley Chapel
Location: Hampstead, Carroll Co. Md.
18. Funeral director: S. M. Waltz
Address: Manchester Md.

19. 15-Aug 1947 (Date rec'd by registrar) Elizabeth G. Heck Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 15 1947 at 6 15 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 13 1947 to Aug. 15 1947 and that I last saw ~~him~~ alive on 1947

Immediate cause of death: Aug. 15

	DURATION
Acute Coronary Thrombosis	36 hrs.
Due to:	
Due to: Arteriosclerosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: None
Date of op.
Autopsy results: None.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A. A. Pearre M.D. M. D. or other
Address Frederick Md. Date signed 8/15/47

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

07041

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:
County: Frederick
City or town: Foxville rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 50 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Frederick
City or town: Foxville rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: no

3. (a) FULL NAME: Anna Lillie Grace Haver

3. (b) Social Security Number: no

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: married
6.(b) Name of husband or wife: Alvey M. Haver
6.(c) If alive, give age: 72 years
7. Birth date of deceased (mo., day, yr.): March 6 1872

8. AGE: Years 75 Months 5 Days 17 If less than one day hrs. min.

9. Birthplace: Foxville Frederick Co Md (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Own home

FATHER
12. Name: Joseph Fox
13. Birthplace: Foxville Md

MOTHER
14. Maiden name: Geraldine Buhrman
15. Birthplace: Foxville Md

16. Informant: Alvey M. Haver
Address: Lafty Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 26 1947 (month) (day) (year)
Cemetery or crematory: Mt Moriah Cem
Location: Foxville Frederick Co Md
18. Funeral director: M. L. Creager Sons
Address: Thurmont Md

19. Aug 25 1947 (Date rec'd by registrar) Blanche S. Eyler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 23 1947, at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 14 1923, to Aug 23 1947 and that I last saw ~~him~~ alive on Aug 23 1947

Immediate cause of death	DURATION
Coronary Sclerosis	2 yrs
Due to: Arterio-Sclerosis	6 yrs
Due to:	
Other conditions: Pernicious Anemia	21 yrs

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: G. A. K. Older M. D. coroner
Address: Smithsburg Date signed: 8/24/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, USE UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

67042

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

97

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County: Frederick

City or town: Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8/14/47 8/20/47

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Knoxville Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Henkel Mrs Laura K

3. (b) Social Security Number

4. Sex: Female

5. Color or race: white

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife: William J Henkel

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Mar. 26 1860

8. AGE: Years 87 Months 4 Days 19 If less than one day ... hrs. ... min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER 12. Name: James H. Elgin

13. Birthplace: Virginia

MOTHER 14. Maiden name: Julia Anne Miller

15. Birthplace: Maryland

16. Informant: John Henkel

Address: Knoxville Md

17. Burial (Burial, cremation, or removal, which?): Burial Date thereof: Aug 23 1947 (month) (day) (year)

Cemetery or crematory: St. Marks

Location: Rural Petersville Md

18. Funeral director: C. H. Fetter Bro

Address: Brunswick Md

19. 21 - Aug - 1947 (Date rec'd by registrar) Elizabeth G. Heck Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 8/20/47 19... at 3 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 15 1947 to Aug 20 1947 and that I last saw deceased alive on Aug 18 1947.

Immediate cause of death: Arteriosclerosis Cerebral Hypertension — DURATION: ?

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: William Shumaker M.D. or other

Address: Frederick Date signed: Aug 20 1947

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07043

94a

Reg. Dist. No. 134

1. PLACE OF DEATH:
County: Frederick
City or town: Emmitsburg, Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? several hours
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Frederick
City or town: Thurmont
(If outside city or town limits, write RURAL and give nearest town)
Street No.: No
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Harry Michael Hetterly

3.(b) Social Security Number: 213-01-6298

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Nina A. Robinson
6.(c) If alive, give age: 56 years
7. Birth date of deceased (mo., day, yr.): June 28th. 1879
8. AGE: Years 68 Months 2 Days 2 If less than one day ... hrs. ... min.
9. Birthplace: Thurmont, Fredk Co. MD (Town, county, and state)
10. Usual occupation: Carpenter
11. Industry or business

FATHER
12. Name: Henry M. Hetterly
13. Birthplace: Thurmont. Fredk Co. MD

MOTHER
14. Maiden name: Isabelle Freeze
15. Birthplace: Thurmont. Fredk Co. MD

18. Informant: Nina A. Hetterly
Address: Thurmont. MD

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 2. 1947 (month) (day) (year)
Cemetery or crematory: United Brethern Cemetery
Location: Thurmont. MD.
18. Funeral director: M. L. Creager & Son.
Address: Thurmont. MD

19. Aug 31 1947 (Date rec'd by registrar) M. F. Shuff Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 30 1947 at 11.40A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19... to ... 19...
and that I last saw him alive on Aug 30 1947 died

Immediate cause of death: Coronary thrombosis — DURATION: Hours

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: R. W. Baker DR. R. W. BAKER DEPUTY MEDICAL EXAMINER
Address: Frederick, Md Date signed: 8-30-1947

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

YS A15 9-45-15

7

07044

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County: Frederick County Home

~~City or town~~: Frederick - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2-yrs

Hospital, institution, or street address where death occurred: Montesme - County Home

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Frederick

~~City or town~~: Mc Kaig Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Mary Jacobs

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, ~~married, widowed, or divorced~~: Single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) ~~Aug~~ March-10-1867

8. AGE: Years 80 | Months 4 | Days 22 | If less than one day ... hrs. ... min.

9. Birthplace: Mc Kaig Frederick Md (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business

FATHER 12. Name: Adam Jacobs

13. Birthplace: Md

MOTHER 14. Maiden name: Jemiah Lease

15. Birthplace: Md

16. Informant: Mrs Forrest Dipon

Address: New Market Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 4-1947 (month) (day) (year)

Cemetery or ~~crematory~~: Zion Cemetery

Location: Mc Kaig Md

18. Funeral director: W. E. Falcone

Address: New Market Md

19. 2-Aug 1947 (Date rec'd by registrar) Elizabeth G. Heck Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 2 1947, at 5 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 31 1947, to Aug 2 1947 and that I last saw h... alive on Aug 1 1947

Immediate cause of death: Cerebral Hemorrhage — DURATION: 3 days

Due to: Arteriosclerosis — DURATION: 3 years

Due to:

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: B O Thomas M. D. or other

Address: Frederick, Md Date signed: 8/2/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

07045

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

836

CERTIFICATE OF DEATH

Reg. Dist. No. 137

1. PLACE OF DEATH:

County: Frederick

City or town: Libertytown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Frederick

City or town: Libertytown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

William Henry Jenkins

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	Colored	Married

6.(b) Name of husband or wife: Fannie N. Biggus

6.(c) If alive, give age: 59 years

7. Birth date of deceased (mo., day, yr.): Apr. 15. 1874

8. AGE:

Years	Months	Days	If less than one day
73	4	10	hrs. min.

9. Birthplace: Libertytown Frederick Co. Md.

(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Day work

FATHER

12. Name: Francis Jenkins

13. Birthplace: Maryland

MOTHER

14. Maiden name: Celestine Jenkins

15. Birthplace: Maryland

16. Informant: Mrs. Ella H. Jenkins

Address: Libertytown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 28. 1947 (month) (day) (year)

Cemetery or crematory: John Wesley Cemetery

Location: Libertytown Md.

18. Funeral director: Powell & Hartsler

Address: Libertytown Md.

19. Aug 28 1947 (Date rec'd by registrar) Ora D. Cushman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug-25 1947, at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July-1 1941, to Aug 25 1947 and that I last saw h. alive on Aug-23 1947

Immediate cause of death	DURATION
Cerebral Embolism	3 weeks
Due to: Arterio-Sclerosis	6 yrs
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Otis B. Stone M.D. M. D. or other

Address: Libertytown Date signed: Aug-26-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

67046

Reg. Dist. No. 139

1. PLACE OF DEATH:
County: Frederick
City or town: State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 7/9/47
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 7/9/47

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1422 Gorsuch Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME
Edward Uriah Jones

3. (b) Social Security Number
212-05-6014

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): November 25, 1883

8. AGE: Years	Months	Days	If less than one day
63	8	11	hrs. min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)
10. Usual occupation: Lineman
11. Industry or business
FATHER 12. Name: Frank B. Jones
13. Birthplace: Baltimore, Maryland
MOTHER 14. Maiden name: Mary A. Beefelt
15. Birthplace: Baltimore, Maryland
16. Informant: Deceased
Address
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 8/8/47 (month) (day) (year)
Cemetery: Mt. Olivet
Location: Baltimore, Maryland
18. Funeral director: E. Weller Lamonan (Lamoreau)
Address: 4510 Liberty Hgts. Ave., Balto., Md.
19. August 7 1947 (Date rec'd by registrar) D. B. Lyn Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 5 1947 at 2:00 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 9 1947 to August 5 1947 and that I last saw him alive on August 5 1947
Immediate cause of death: Pulmonary Tuberculosis — DURATION: 4 Mos.
Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: D. B. Lyn M. D.
Address: State Sanatorium, Md. Date signed: 8/7/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

67647

83a

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH:

County: Frederick

City or town: Burkittsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Burkittsville
(If outside city or town limits, write RURAL and give nearest town)

Street No.: none
(If rural, give LOCATION)

2.(a) If veteran, name war: no

3.(a) FULL NAME: Hubert W Jones

3.(b) Social Security Number: 220-10-5532

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	widowed

6.(b) Name of husband or wife: Lola Jones

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Oct. 23, 1884

8. AGE:

Years	Months	Days	If less than one day
62	9	16	..... hrs. ..... min.

9. Birthplace: Boonsboro, Washington Co., Md.
(Town, county, and state)

10. Usual occupation: day laborer

11. Industry or business

FATHER
12. Name: Lewis Jones
13. Birthplace: unknown

MOTHER
14. Maiden name: unknown
15. Birthplace: unknown

16. Informant: Mrs. Louise Higdon

Address: Burkittsville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 11, 1947 (month) (day) (year)

Cemetery or crematory: ~~Bur~~ Mt. Hope Cemetery

Location: Burkittsville, Md.

18. Funeral director: Gladhill Co.

Address: Middletown, Md.

19. Aug 11 1947 (Date rec'd by registrar) Marie Gladhill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 9 1942 at 2:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 5 1947 to Aug 9 1947 and that I last saw h... alive on Aug 7 1947

Immediate cause of death: Cerebral Hemmhage — DURATION: 4 days

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J E Hop MD
M. D. or other

Address: Middletown Date signed: 8-11-4

VS A15 9-45-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

932

CERTIFICATE OF DEATH

07048

Reg. Dist. No. 132

1. PLACE OF DEATH:

County: Frederick

City or town: Middletown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Home

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Frederick

City or town: Middletown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war: No

3. (a) FULL NAME: Stella Virginia Kefauver

3. (b) Social Security Number: No.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Single

6.(b) Name of husband or wife: —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Sept. 21, 1869

8. AGE: Years	Months	Days	If less than one day
77	10	27	..... hrs. ..... min.

9. Birthplace: Middletown Frederick Co. Md.

(Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER

12. Name: D. Edward Kefauver

13. Birthplace: Middletown, Md.

MOTHER

14. Maiden name: Anna Culler

15. Birthplace: Middletown, Md.

16. Informant: Minnie Kefauver

Address: Middletown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 8-20-47 (month) (day) (year)

Cemetery or crematory: Reform Cemetery

Location: Middletown, Md.

18. Funeral director: Gladhill Co.

Address: Middletown, Md.

19. Aug 20 1947 (Date rec'd by registrar) Marie Gladhill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 18, 1947, at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 16 1947 to Aug 18 1947 and that I last saw deceased alive on Aug 18 1947

Immediate cause of death	DURATION
Due to: Chronic Myocarditis	2 days
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J E Harp M.D. M. D. or other

Address: Middletown Date signed: 8-19-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

07049

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:
County: Frederick
City or town: State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 3/19/47
Hospital, Institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 3/19/47

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Allegany
City or town: Cumberland
(If outside city or town limits, write RURAL and give nearest town)
Street No. 611 N. Mechanic St.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME
Harry Norton Kesler

3.(b) Social Security Number
122-14-7238

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Single
6.(b) Name of husband or wife:
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): November 15, 1908
8. AGE: Years 38 Months 8 Days 28 If less than one day: hrs. min.
9. Birthplace: Magnolia, W. Va. (Town, county, and state)
10. Usual occupation: Fireman
11. Industry or business:
FATHER 12. Name: James R. Kesler
13. Birthplace: Magnolia, W. Va.
MOTHER 14. Maiden name: Florence Rockwell
15. Birthplace: Magnolia, W. Va.
16. Informant: Deceased
Address:
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 8/15/47 (month) (day) (year)
Cemetery: Camp Hill
Location: Paw Paw, W.Va.
18. Funeral director: M. L. Creager & Son
Address: Thurmont, Md.
19. Aug. 13 1947 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 12 1947 at 7:20 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 19 1947 to Aug. 12 1947 and that I last saw him alive on August 12 1947

Immediate cause of death	DURATION
Pulmonary Tuberculosis	8 Mos.
Due to: Tuberculous Empyema	6 Mos.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: D. B. Lyon M. D.
Address: State Sanatorium, Md. Date signed: 8/13/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH NONFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

67050

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

136

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County: Frederick

City or town: State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since 3/23/46

Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since 3/23/46

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Dundalk
(If outside city or town limits, write RURAL and give nearest town)

Street No. 1837 East Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME
George Kuhbach

3.(b) Social Security Number
214-16-8802

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 22, 1892

8. AGE: Years	Months	Days	If less than one day
54	11	5	hrs. min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Watchman

11. Industry or business:

FATHER
12. Name: Frank Kuhbach
13. Birthplace: Germany

MOTHER
14. Maiden name: Margaret Hillmyer
15. Birthplace: Germany

16. Informant: Deceased

Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 30, 1947 (month) (day) (year)

Cemetery or crematory: Sacred Heart

Location: Baltimore, Md.

18. Funeral director: M. L. Creager & Son,

Address: Thurmont, Md.

19. August 29 1947 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 27 1947 at 3:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 23 1946 to Aug. 27 1947 and that I last saw him alive on August 27 1947

Immediate cause of death	DURATION
Pulmonary Tuberculosis	21 Mos.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: R. G. Bassin M. D.

Address: State Sanatorium, Md. Date signed: 8/29/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate exact age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

67051

170c

Reg. Dist. No. 131

1. PLACE OF DEATH:
County: Frederick
City or town: Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred: Frederick Memorial Hospital
How long in hospital or institution? Dead on arrival

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Lime Kiln
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: None

3.(a) FULL NAME: RICHARD RONALD LENHART

3.(b) Social Security Number: None

4. Sex: M
5. Color or race: W
8.(a) Single, married, widowed, or divorced: S

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 28, 1941

8. AGE: Years 6 Months 4 Days 20 If less than one day hrs. min.

9. Birthplace: Frederick-Frederick-Maryland
(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: Claude O. Lenhart
13. Birthplace: Frederick County Maryland

MOTHER
14. Maiden name: Nettie J. Pyles
15. Birthplace: Frederick County Maryland

16. Informant: Claude O. Lenhart
Address: Lime Kiln, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/20/47 (month) (day) (year)
Cemetery or crematory: Mount Olivet Cemetery
Location: Frederick, Maryland

18. Funeral director: M. R. Etchison and Son
Address: Frederick, Maryland

19. Aug-19-1947 (Date rec'd by registrar) Elizabeth G. Heck Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 18th, 1947 at 10:30A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ---------- 19 to ---------- 19
and that I last saw him alive on August 18th 1947

	DURATION
Immediate cause of death: Fracture of skull	
Due to: Laceration of brain	Immediate
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of 8-18-47
Where did injury occur? Lime Kiln (City or town), Frederick (County), Md (State)
Injured at home, farm, industry, public place (where?) Country road
Means of injury: auto Injured at work? no

23. SIGNATURE: P. W. Boor Deputy Medical Examiner (M. D. or other)
Address: Frederick, Maryland Date signed 8-19-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

67052

Reg. Dist. No. 139

1. PLACE OF DEATH:

County: Frederick

City or town: State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since 5/8/47

Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since 5/8/47

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Balto. Co.

City or town: Baltimore (Govans Br.)
(If outside city or town limits, write RURAL and give nearest town)

Street No. 2603 Lodge Forest Drive
(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME
Charles Mabel

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of ~~husband or~~ wife: Melaine Mabel

6.(c) If alive, give age: 52 years

7. Birth date of deceased (mo., day, yr.): November 23, 1890

8. AGE:

Years	Months	Days	If less than one day
56	8	16	...hrs. ...min.

9. Birthplace: New Orleans, La.
(Town, county, and state)

10. Usual occupation: Machinist

11. Industry or business

FATHER
12. Name: Henry Mabel
13. Birthplace: New Orleans, La.

MOTHER
14. Maiden name: Elizabeth Donnell
15. Birthplace: New Orleans, La.

16. Informant: Melaine Mabel (Wife)

Address: 2603 Lodge Forest Dr., Balto., Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 11, 1947 (month) (day) (year)

Cemetery or crematory: Mt Carmel

Location: Atlanta, Ga.

18. Funeral director: M. L. Creager & Son

Address: Thurmont, Maryland

19. August 9 1947 (Date rec'd by registrar) D. B. Lyon Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 8 1947 at 7:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 8 1947 to August 8 1947 and that I last saw him alive on August 8 1947

Immediate cause of death	DURATION
Pulmonary Tuberculosis	6 Mos.
Due to: Silicosis	Over 1 Yr.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: D. B. Lyon M. D.

Address: State Sanatorium, Md. Date signed: 8/9/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

07053

44 l x

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County: Frederick
~~City~~ or town: Walkersville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
~~City~~ or town: Walkersville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: None

3.(a) FULL NAME: LEO FRANCIS MACKENZIE

3.(b) Social Security Number: 215-26-1807

4. Sex	5. Color or race	6. (a) ~~Single~~, married, ~~widowed~~, or divorced
M	W	M

6.(b) Name of ~~husband~~ or wife: Glenda Geisinger
6.(c) If alive, give age: 26 years

7. Birth date of deceased (mo., day, yr.): June 18, 1916

8. AGE: Years	Months	Days	If less than one day
31	2	10	hrs. min.

9. Birthplace: Rocky Spring-Frederick-Maryland
(Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: McCutcheon Block Plant

FATHER
12. Name: Joseph S. MacKenzie
13. Birthplace: Frederick County Maryland

MOTHER
14. Maiden name: Amy Twenty
15. Birthplace: Frederick County Maryland

16. Informant: Mrs. Glenda MacKenzie
Address: Walkersville, Maryland

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: 8/30/47 (month) (day) (year)
Cemetery or ~~crematory~~: St. Johns Cemetery
Location: Frederick, Maryland

18. Funeral director: M. R. Etchison and Son
Address: Frederick, Maryland

19. 29 Aug 1947 (Date rec'd by registrar) Elizabeth G. Heck. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 28th, 1947 at 4:40A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1 August 1946 to 28 August 1947 and that I last saw him alive on 28 August 1947

Immediate cause of death: Cardiac failure
Due to: Hodgkins lymphoma
Due to:
Other conditions:
(Include pregnancy within 3 months of death)

DURATION

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: James E. Stones Jr MD M. D. or other
Address: Walkersville Md Date signed: 30 Aug 47

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

07054

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 132

1. PLACE OF DEATH:
County: Frederick
City or town: Middletown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 29 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Frederick
City or town: Middletown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: —

3.(a) FULL NAME: Clinton F. Main

3.(b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Nora V. Main
6.(c) If alive, give age: 78 years

7. Birth date of deceased (mo., day, yr.): Nov. 15, 1867

8. AGE: Years	Months	Days	If less than one day
79	9	26	hrs. min.

9. Birthplace: Middletown Frederick Co. Md
(Town, county, and state)
10. Usual occupation: Railroad (Ticket Agent)
11. Industry or business
FATHER 12. Name: Unknown
13. Birthplace
MOTHER 14. Maiden name: Unknown
15. Birthplace
16. Informant: Nora V. Main
Address: Middletown, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 9-3-47 (month) (day) (year)
Cemetery or crematory: Reform Cemetery
Location: Middletown, Md.
18. Funeral director: Bladhill Co.
Address: Middletown, Md.
19. Sept 3 1947 Marie Bladhill
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 31, 1947 at 4:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1947 to Aug 31 1947 and that I last saw him alive on Aug 30 1947

Immediate cause of death	DURATION
Cerebral Hemorrhage	4 mo
Due to	
Due to Carcinoma Rectum (Probable)	?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results: not done
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: J. E. Harp MD
M. D. or other
Address: Middletown Date signed: 8-1-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

07055

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County: Frederick md

City or town: Near Lantz
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 yrs.

Hospital, Institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Frederick md

City or town: Near Lantz
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: none

3.(a) FULL NAME: Walter. McAfee.

3.(b) Social Security Number: 213-12-7203.

4. Sex: Male

5. Color or race: White

6.(a) ~~Single, married, widowed, or divorced~~: Married

6.(b) Name of ~~husband or~~ wife: Rue Jones McAfee.

6.(c) If alive, give age: 61 years

7. Birth date of deceased (mo., day, yr.): 12-1882.

8. AGE: Years: 65 Months: — Days: — If less than one day: hrs. — min.

9. Birthplace: Near Smithsburg md
(Town, county, and state)

10. Usual occupation: Farmer.

11. Industry or business

FATHER
12. Name: Henry. McAfee.
13. Birthplace: Near Smithsburg md

MOTHER
14. Maiden name: Ida Smith
15. Birthplace: Near Smithsburg md

16. Informant: Mrs Margaret. Haldford
Address: Lantz.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: 8-14-1947 (month) (day) (year)

Cemetery or ~~crematory~~: Smithsburg

Location: Smithsburg Md

18. Funeral director: Geo. B. Hoover

Address: Smithsburg md

19. Aug. 13 1947 Blanche L. Eyler
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 12 1947, at 3:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 25 1947, to August 12 1947 and that I last saw him alive on August 12 1947

Immediate cause of death: myocarditis, chronic — DURATION: ?

Due to:

Due to:

Other conditions: nephritis chronic — ?
arteriosclerosis — ?
(Include pregnancy within 3 months of death)

Major findings of operations: none

Date of op.

Autopsy results: not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: M. Franklin Bixler M.D.
M. D. or other

Address: Thurmont Md. Date signed: Aug. 12, 1947

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

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67056

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93 d

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County: Frederick
~~City or town~~: Frederick - Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Emergency Hospital
How long in hospital or institution? Since July 28, 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 515 North Market Street
(If rural, give LOCATION)
2.(a) If veteran, name war: None

3. (a) FULL NAME
HATTIE CORA MICHAEL

3. (b) Social Security Number
None

4. Sex	5. Color or race	6.(a) ~~Single, married, widowed, or divorced~~
F	W	W

6.(b) Name of husband or ~~wife~~: Edward Michael
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): June 1, 1867

8. AGE: Years	Months	Days	If less than one day
80	2	2	..... hrs. ..... min.

9. Birthplace: Frederick County Maryland
(Town, county, and state)
10. Usual occupation: At Home
11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Mrs. Edith Renn
Address: 515 N. Market St., Frederick, Md.

17. Burial
(Burial, ~~cremation, or removal. Which?~~)
Date thereof: 8/5/47 (month) (day) (year)
Cemetery or ~~crematory~~: Mount Olivet Cemetery
Location: Frederick, Maryland

18. Funeral director: M. R. Etchison and Son
Address: Frederick, Maryland

19. 4 Aug 1947 (Date rec'd by registrar) Elizabeth G. Heck, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 3rd, 1947 at 3:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 23 1947, to August 3 1947 and that I last saw her alive on July 28 1947

Immediate cause of death: Bronchial pneumonia — DURATION: 6 days
Due to: Left Hemiplegia — 6 wks
Due to: Cerebral Thrombosis — 6 wks
Other conditions: Arterio sclerosis — 4 yrs
My cardial degenerate
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: J. K. Schoolman M. D.
M. D. or other
Address: Frederick, Maryland Date signed: 8-4-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

W

MARGIN RESERVED FOR BINDING

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VS A16 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

67057

940

Reg. Dist. No. 141

1. PLACE OF DEATH:

County: Frederick

City or town: Brunswick (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 53 yrs.

Hospital, institution, or street address where death occurred: 111 N. Dayton Ave.

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Brunswick (If outside city or town limits, write RURAL and give nearest town)

Street No. 111 N. Dayton Ave. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Minnie Belle Moats

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: C. L. Moats

6.(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.): May 27 1892

8. AGE:

Years	Months	Days	If less than one day
55	2	11	hrs. min.

9. Birthplace: Maryland (town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER

12. Name: Jessie Anderson

13. Birthplace: Maryland

MOTHER

14. Maiden name: Cordelia Everhart

15. Birthplace: Maryland

16. Informant: C. L. Moats

Address: Brunswick Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 9 1947 (month) (day) (year)

Cemetery or crematory: Rosemont

Location: Knoxville Md

18. Funeral director: C. H. Fuss & Bro

Address: Brunswick Md

19. Aug 7 1947 (Date rec'd by registrar) by Kathryn H. Brown Dep. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 7 1947 at 3 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ... 19... to ... 19...

and that I last saw him alive on Aug 7 1947 and dead

Immediate cause of death: Coronary occlusion

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

DURATION
Unknown

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: P. W. Baer Dr. Frederick Md M. D. or other

Address: Frederick, Md Date signed: 8-7-47

07058

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County: Frederick

City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 16 days.

Hospital, Institution, or street address where death occurred:
Frederick Memorial Hospital

How long in hospital or institution? 16 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Howard

City or town: Long Corner
(If outside city or town limits, write RURAL and give nearest town)

Street No. Rural - Mt. Airy
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Joseph Murray

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or ~~divorced~~
Male	White	Widowed

6.(b) Name of ~~husband or~~ wife: Hannah Murray

deceased 6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Feb'y 7, 1865

8. AGE:

Years	Months	Days	If less than one day
82	6	20	____ hrs. ____ min.

9. Birthplace: Howard Co. Maryland.
(Town, county, and state)

10. Usual occupation: Farmer (retired)

11. Industry or business

FATHER
12. Name: David Murray
13. Birthplace: Maryland

MOTHER
14. Maiden name: Maria Henry
15. Birthplace: Maryland

16. Informant: Mr. J. Edwin Murray
Address: Mt. Airy, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 8-29-47 (month) (day) (year)

Cemetery ~~or crematory~~: Howard Chapel

Location: Long Corner, Howard Co. Md.

18. Funeral director: C.M. Waltz
Address: Winfield, Md.

19. 27 Aug 1947 (Date rec'd by registrar) Elizabeth G. Heck Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 27 1947 at 1:45 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 9 1947 to August 27 1947 and that I last saw him alive on August 27 1947

Immediate cause of death: Coronary Thrombosis — DURATION

Due to: Arteriosclerosis

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: ____ Date of op. ____

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury ____ Injured at work?

23. SIGNATURE: A. A. Pearce M.D. (M.D. or other)

Address: Frederick, Md. Date signed 8/27/47

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The [illegible] age is especially important. Physicians: please write the causes of death clearly and legibly.

07059

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County: Frederick

City or town: State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since 8/11/47

Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since 8/11/47

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Allegany

City or town: Cumberland
(If outside city or town limits, write RURAL and give nearest town)

Street No. 168 N. Center St.
(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME
William Myers

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of ~~husband or~~ wife: Genevieve Myers

6.(c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): August 13, 1889

8. AGE: Years	Months	Days	If less than one day
58	0	6	hrs. min.

9. Birthplace: Allegany County, Md.
(Town, county, and state)

10. Usual occupation: Brewery Worker

11. Industry or business

FATHER
12. Name: George H. Myers
13. Birthplace: Corringanville, Md.

MOTHER
14. Maiden name: Elizabeth Lapp
15. Birthplace: Corringanville, Md.

16. Informant: Herbert F. Myers (Brother)

Address: ?

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 8/22/47 (month) (day) (year)

Cemetery: Green Mount

Location: Cumberland, Md.

18. Funeral director: Harvey H. Zeigler

Address: Hyndman, Pennsylvania

19. August 21 19 47 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 19 19 47 at 6:00P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 11 19 47 to August 19 19 47 and that I last saw him alive on August 19 19 47

Immediate cause of death	DURATION
Pulmonary Tuberculosis	4 Mos.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: R. G. Baccini M. D.

Address: State Sanatorium, Md. Date signed: 8/21/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

67060

93d

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County: Frederick
~~City or town~~: Frederick-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 years
Hospital, institution, or street address where death occurred:
Near Frederick
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
~~City or town~~: Frederick-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)
Street No. Near Frederick
(If rural, give LOCATION)
2.(a) If veteran, name war: None

3.(a) FULL NAME
ELIZABETH MURPHY O'HARA

3.(b) Social Security Number
None

4. Sex	5. Color or race	6.(a) ~~Single~~, married, ~~widowed~~, or divorced
F	W	M

6.(b) Name of husband or ~~wife~~: John L. O'Hara
6.(c) If alive, give age: 74 years
7. Birth date of deceased (mo., day, yr.): January 11, 1879

8. AGE: Years	Months	Days	If less than one day
68	6	28	hrs. min.

9. Birthplace: Pearl-Frederick-Maryland
(Town, county, and state)
10. Usual occupation: At Home
11. Industry or business

FATHER
12. Name: William E. Murphy
13. Birthplace: Frederick County Maryland

MOTHER
14. Maiden name: Mary J. Phelps
15. Birthplace: Frederick County Maryland

16. Informant: John L. O'Hara
Address: R. F. D. #1, Frederick, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: 8/11/47 (month) (day) (year)
Cemetery or ~~crematory~~: Mount Olivet Cemetery
Location: Frederick, Maryland

18. Funeral director: M. R. Etchison and Son
Address: Frederick, Maryland

19. 11-Aug 1947 (Date rec'd by registrar) Elizabeth G. Hech. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 9th, 1947 at 5:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 8th, 1944 to August 9th 1947
and that I last saw her alive on August 8th, 1947

Immediate cause of death: 2d cerebral hemorrhage — DURATION: 72 hours
Due to: 1st cerebral hemorrhage — 2/8/44
Cardiovascular disease — over a long period of years
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: C. H. Conley
C. H. Conley, M.D. or other
Address: Prof. BLDG., Frederick, Md. Date signed: 8/9/47

VS-A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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67061

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County: Frederick

City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 years

Hospital, institution, or street address where death occurred: Frederick Memorial Hospital

How long in hospital or institution? 12 hrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Frederick

City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 103 Record St
(If rural, give LOCATION)

2.(a) If veteran, name war: none

3.(a) FULL NAME Mrs Frances Cabanne Pearson Jr.

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	widowed

6.(b) Name of husband or ~~wife~~: G. H. Pearson Jr. (dead) 6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Jan 12, 1875

8. AGE: Years 72 Months 6 Days 28 If less than one day ____ hrs. ____ min.

9. Birthplace: St. Louis, Missouri (Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER
12. Name: Charles Cabanne
13. Birthplace: St. Louis, Mo

MOTHER
14. Maiden name: Susan Mitchell
15. Birthplace: St. Louis, Mo.

16. Informant: Mrs. Betty Beck
Address: Frederick, Md

17. Cremation (Burial, cremation, or removal. Which?) Date thereof: Aug 12, 1947 (month) (day) (year)

~~Cemetery or~~ crematory: Fort Lincoln

Location: Baltimore Baltimore Pent #1

18. Funeral director: Harry E. Carty Co

Address: Frederick, Md

19. 12 Aug 1947 (Date rec'd by registrar) Elizabeth G. Hecht Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 10th 1947 at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 9th 1947 to Aug 10th 1947 and that I last saw him alive on Aug 10th 1947

Immediate cause of death	DURATION
Cerebral Hemorrhage	24 hrs
Due to: Arteriosclerosis	
Due to: Diabetes	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ____ Date of op. ____

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: ____ Injured at work?

23. SIGNATURE: Robert A. Tyson M. D. or other

Address: Frederick, Md Date signed: Aug 11/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15

(I)

(T)

Evidence for the change of month of birth is shown on

67662

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

FILM No. G 112 AUG 28 1947

CERTIFICATE OF DEATH

110 b

Reg. Dist. No. 131

1. PLACE OF DEATH:
County: Frederick
City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
How long in hospital or institution? Since August 10, 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 3 East Second Street
(If rural, give LOCATION)
2.(a) If veteran, name war: None

3.(a) FULL NAME: JOSEPH BENJAMIN PRICE, SR.

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) ~~Single~~, married, ~~widowed, or divorced~~
M	W	M

6.(b) Name of ~~husband or~~ wife: Nellie Cook

7. Birth date of deceased (mo., day, yr.): June 22, 1889 6.(c) If alive, give age: 53 years

8. AGE: Years 58 Months 5 Days 19 If less than one day ..... hrs. ..... min.

9. Birthplace: Frederick-Frederick-Maryland
(Town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER
12. Name: John E. Price
13. Birthplace: Chambersburg, Pennsylvania

MOTHER
14. Maiden name: Mary C. Orderman
15. Birthplace: Baltimore, Maryland

16. Informant: Mrs. Nellie Price
Address: 3 E. Second St., Frederick, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: 8/14/47 (month) (day) (year)
Cemetery or ~~crematory~~: Mount Olivet Cemetery
Location: Frederick, Maryland

18. Funeral director: M. R. Etchison and Son
Address: Frederick, Maryland

19. 12 Aug 1947 (Date rec'd by registrar) Elizabeth G. Heck. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 11th, 1947 at 12:45P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1, 1947, to Aug 11 1947 and that I last saw him alive on Aug 11 1947

Immediate cause of death	DURATION
Acute cardiac dilatation with pulmonary	
Due to effusion	2 days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: B. L. Thomas M. D.
M. D. or other
Address: Frederick, Maryland Date signed: 8-12-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

67063

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County: Frederick
City or town: Frederick-Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: Emergency Hospital
How long in hospital or institution? Since April 1, 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 147 West All Saint Street
(If rural, give LOCATION)
2.(a) If veteran, name war: World War I

3. (a) FULL NAME: RALPH RANDOLPH

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	S

6.(b) Name of husband or wife
6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): October 29, 1896

8. AGE: Years 50 | Months 9 | Days 18 | If less than one day ____ hrs. ____ min.

9. Birthplace: Frederick-Frederick-Maryland (Town, county, and state)

10. Usual occupation: Cook

11. Industry or business

FATHER
12. Name: Charles Tyson
13. Birthplace: Frederick County Maryland

MOTHER
14. Maiden name: Grace Randolph
15. Birthplace: Frederick County Maryland

16. Informant: Emergency Hospital Records
Address: Frederick, Maryland - Rural

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 8/20/47 (month) (day) (year)
Cemetery or crematory: Fairview Cemetery
Location: Frederick, Maryland

18. Funeral director: M. R. Etchison and Son
Address: Frederick, Maryland

19. Aug-19 1947 (Date rec'd by registrar) Elizabeth G. Heck Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 17, 1947 at 12:45 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 1947 to Aug 17 1947 and that I last saw him alive on Aug 17 1947

Immediate cause of death	DURATION
Cerebral Hemorrhage	6 months
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Bernard Thomas M. D.
M. D. or other
Address: Frederick, Maryland Date signed: 8-19-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

67064

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County: Frederick

City or town: State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since 5/10/47

Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since 5/10/47

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No. 116 N. Decker Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME
Joseph Reahl

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): October 25, 1894

8. AGE: Years	Months	Days	If less than one day
52	9	11	hrs. min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: Shipping Clerk

11. Industry or business

FATHER
12. Name: Paul Reahl
13. Birthplace: Baltimore, Maryland

MOTHER
14. Maiden name: Catherine Darmstead
15. Birthplace: Baltimore, Maryland

16. Informant: Deceased

Address

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: 8/8/47 (month) (day) (year)

Cemetery: Holy Redeemer

Location: Harford Rd., Baltimore, Md.

18. Funeral director: John A. Moran

Address: 3000 E. Balto. St., Baltimore, Md.

19. August 7 1947
(Date rec'd by registrar)
J. B. Lyon
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 5 1947, at 10:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 10 1947, to August 5 1947 and that I last saw him alive on August 5 1947

Immediate cause of death	DURATION
Pulmonary Tuberculosis	15Mos.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J. B. Lyon M. D.

Address: State Sanatorium, Md. Date signed: 8/7/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

07065

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

13 F

Reg. Diat. No. 139

1. PLACE OF DEATH:

County: Frederick

City or town: State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since 7/14/47

Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since 7/14/47

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No. 2228 W. Baltimore St.
(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME
Christopher Reilly

3. (b) Social Security Number
213-05-9697

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Divorced

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 6, 1879

8. AGE: Years	Months	Days	If less than one day
68	3	16	hrs. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual occupation: Compensation Adjuster

11. Industry or business

FATHER
12. Name: Robert Reilly
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden name: Virginia Meyer
15. Birthplace: Baltimore, Md.

16. Informant: Deceased

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 26, 1947 (month) (day) (year)

Cemetery or crematory: Baltimore Cemetery

Location: Baltimore, Md.

18. Funeral director: M. L. Creager & Son

Address: Thurmont, Maryland

19. August 23 19 47 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 22 19 47 at 6:15P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 14 19 47, to Aug. 22 19 47 and that I last saw him alive on August 22 19 47

Immediate cause of death	DURATION
Pulmonary Tuberculosis	4 Mos.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: R. G. Bullin M. D.

Address: State Sanatorium, Md. Date signed: 8/23/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH NON-FADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

106 b

67066

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County: Frederick

City or town: Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs.

Hospital, institution, or street address where death occurred:
505 Fairview Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Frederick

City or town: Middletown
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME
Hiram E. Remsburg

3. (b) Social Security Number
—

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	widowed

6.(b) Name of husband or wife: Emma Remsburg

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Nov. 30, 1867

8. AGE: Years	Months	Days	If less than one day
79	9	19	..... hrs. ..... min.

9. Birthplace: Middletown Frederick Co. Md.
(Town, county, and state)

10. Usual occupation: Retired Farmer

11. Industry or business

FATHER
12. Name: Singleton Remsburg
13. Birthplace: Middletown, Md.

MOTHER
14. Maiden name: Frances Shafer
15. Birthplace: Middletown, Md.

16. Informant: Samuel Remsburg.
Address: Knoxville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 8-21-47 (month) (day) (year)

Cemetery or crematory: Lutheran Cemetery

Location: Middletown, Md.

18. Funeral director: Biddill Co.
Address: Middletown, Md.

19. 21-Aug 1947 Elizabeth G. Heck.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 19 1947 at 2:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1947 to Aug. 19 1947 and that I last saw him alive on ..... 19.....

Immediate cause of death	DURATION
Pulmonary Edema	3 Days
Due to: Myocardial failure & Chronic Bronchitis	3 Days
Due to: Senility Advanced	2 yrs
Other conditions: Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: C. E. Price M. D. or other

Address: Jefferson Date signed: 8/21/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

Authorization for addition of burial information obtained over telephone from undertaker Evans. 8/23/47 dm

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

67067

Reg. Dist. No. 139

1. PLACE OF DEATH:
County: Frederick
City or town: State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 7/29/47
Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 7/29/47

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1519 S. Hanover St.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Albert Lee Rhea

3.(b) Social Security Number:

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Dora Rhea
6.(c) If alive, give age: 27 years
7. Birth date of deceased (mo., day, yr.): October 6, 1911
8. AGE: Years 35 | Months 10 | Days 15 | If less than one day ____ hrs. ____ min.
9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual occupation: Shipping Clerk
11. Industry or business:
FATHER 12. Name: William Rhea
13. Birthplace: Dorchester County, Md.
MOTHER 14. Maiden name: Daisy Winters
15. Birthplace: Baltimore, Maryland
16. Informant: Deceased
Address:
17. Burial (Burial, cremation, or removal. Which?) Date thereof: August 23, 1947 (month) (day) (year)
Cemetery or crematory: Loudon Park
Location: Baltimore, Maryland
18. Funeral director: M. Creager & Son
Address: Thurmont, Maryland
19. August 21 19 47 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 21 19 47, at 8:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 29 19 47, to August 21 19 47 and that I last saw him alive on August 21 19 47

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 10 Mos.
Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: R. G. Green M. D.
Address: State Sanatorium, Md. Date signed: 8/21/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

67668

Reg. Dist. No. 141

1. PLACE OF DEATH:

County: Frederick

City or town: Brunswick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 years

Hospital, institution, or street address where death occurred: 111 Georgia Ave.

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Brunswick
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 111 Georgia Ave
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: Joseph Albert Roeder

3. (b) Social Security Number: —

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Mary E. Braithwaite

6.(c) If alive, give age: 63 years

7. Birth date of deceased (mo., day, yr.): Aug 7th 1881

8. AGE: Years 66 Months 0 Days 10 If less than one day ... hrs. ... min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: B. & O. R.R. Engineer and Machinist Helper

11. Industry or business:

FATHER

12. Name: Albert T. Roeder

13. Birthplace: West Virginia

MOTHER

14. Maiden name: Mary S. McLane

15. Birthplace: Maryland

16. Informant: Mrs. Mary E. Roeder

Address: Brunswick Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 19, 1947 (month) (day) (year)

Cemetery or crematory: Park Heights

Location: Brunswick Md.

18. Funeral director: C. H. Fuete & Bro

Address: Brunswick Md.

19. Aug 18 1947 (Date rec'd by registrar) Kathleen H. Brown Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 17 1947 at 8 45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1947 to Aug 17 1947 and that I last saw him alive on Aug 17 1947

Immediate cause of death	DURATION
Angina Pectoris	2 yrs
Due to	
Due to	
Other conditions: Pulmonary Tuberculosis (Cavitat)	10 yrs

(Include pregnancy within 3 months of death)

Major findings of operations: ...

Date of op. ...

Autopsy results: ...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of ...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ...

Means of injury ... Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Brunswick Md Date signed: 8/18/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

07069

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1220

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County: Frederick

City or town: Frederick Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 days

Hospital, Institution, or street address where death occurred:
Frederick Memorial Hospital

How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Carroll

~~City~~ or town: Union Bridge
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME
Patricia Louise Saltzgaver

3. (b) Social Security Number
None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) August 8, 1947

8. AGE:

Years	Months	Days	If less than one day
0	0	3	..... hrs. ..... min.

9. Birthplace: Frederick, Maryland
(Town, county, and state)

10. Usual occupation: ✓

11. Industry or business: ✓

FATHER
12. Name: William Henry Saltzgaver
13. Birthplace: Porters Siding, Pennsylvania

MOTHER
14. Maiden name: Grace Louise Eyler
15. Birthplace: Johnsville, Maryland

16. Informant: Hospital Records
Address: Frederick, Md.

17. Burial (Burial, cremation, or removal? Which?) Date thereof: Aug 12 1947 (month) (day) (year)

Cemetery or crematory: Pipe Creek Cemetery

Location: Uniontown Road

18. Funeral director: H. H. Hartsler & Sons
Address: Union Bridge & New Windsor, Md

19. 12-Aug 1947 (Date rec'd by registrar) Elizabeth G. Hecht Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 11 1947, at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 9 1947, to Aug 11 1947 and that I last saw h. ..... alive on Aug 11 1947

Immediate cause of death: Duodenal Stenosis — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: J. Hegg M. D. or other

Address: Union Bridge Md. Date signed: 8-11-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use the correct page is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

I

67070

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

157e

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County: Frederick
City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
~~City~~ or town: Poolesville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: None ✓

3.(a) FULL NAME
JOHN BOYCE SCHULTZ

3.(b) Social Security Number
None

4. Sex	5. Color or race	6.(a) Single, ~~married, widowed, or divorced~~
M	W	S

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): August 10, 1947

8. AGE: Years 0 | Months 0 | Days 3 | If less than one day hrs. min.

9. Birthplace: Frederick-Frederick-Maryland
(Town, county, and state)

10. Usual occupation: Infant

11. Industry or business

FATHER
12. Name: James L. Schultz
13. Birthplace: Montgomery County Maryland

MOTHER
14. Maiden name: Kathleen Register
15. Birthplace: Bluefield, West Virginia

16. Informant: James L. Schultz
Address: Poolesville, Maryland

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: 8/15/47 (month) (day) (year)
Cemetery or ~~crematory~~: Mount Olivet Cemetery
Location: Frederick, Maryland

18. Funeral director: M. R. Etchison and Son
Address: Frederick, Maryland

19. 15-Aug 1947 (Date rec'd by registrar) Elizabeth G. Heck: Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 13th 1947 at 6:30P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 10 1947, to August 13 1947 and that I last saw him alive on Aug. 13 1947

Immediate cause of death: Congenital Heart Deficiency — Duration: 3 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Howard W. Ash M. D.
M. D. or other
Address: Frederick, Maryland Date signed: 8-14-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

93d

67071

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County: Frederick
~~City or town~~: Frederick-Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Emergency Hospital
How long in hospital or institution? Since August 13, 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
~~City~~ or town: Middletown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: None

3.(a) FULL NAME: ARTHUR FRANKLIN SHAFER

3.(b) Social Security Number: None

4. Sex: M
5. Color or race: W
6.(a) ~~Single~~, married, ~~widowed, or divorced~~: M

6.(b) Name of ~~husband or~~ wife: Nettie May Smith
6.(c) If alive, give age: 58 years

7. Birth date of deceased (mo., day, yr.): December 3, 1884

8. AGE: Years 62 | Months 10 | Days 11 | If less than one day ....hrs. ....min.

9. Birthplace: Middletown-Frederick-Maryland
(Town, county, and state)

10. Usual occupation: Salesman

11. Industry or business

FATHER
12. Name: John E. Shafer
13. Birthplace: Frederick County Maryland

MOTHER
14. Maiden name: Loretta Keller
15. Birthplace: Frederick County Maryland

16. Informant: Mrs. Nettie Shafer
Address: Washington, D. C.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: 8/16/47 (month) (day) (year)
Cemetery or ~~crematory~~: Lutheran Cemetery
Location: Middletown, Maryland

18. Funeral director: M. R. Etchison and Son
Address: Frederick, Maryland

19. 15-Aug 1947 (Date rec'd by registrar) Elizabeth G. Hecks. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 14, 1947 at 9:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 13 1947, to Aug. 14 1947 and that I last saw him alive on Aug. 13 1947

	DURATION
Immediate cause of death: Acute Cardiac Dilitation	2 days
Due to: Chronic Myocarditis	1 yr +
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Frederick, Maryland Date signed: 8-14-47

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

07072

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

157a

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH: Frederick County

City or town: Middletown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred: Home

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Frederick

City or town: Middletown Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: no

3.(a) FULL NAME: Ralph Clayton Sigler

3.(b) Social Security Number: no

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): 1-16-47

8. AGE: Years | Months: 7 | Days: 1 | If less than one day ... hrs. ... min.

9. Birthplace (Town, county, and state): Middletown, Md.

10. Usual occupation: infant

11. Industry or business

FATHER
12. Name: Ralph Sigler
13. Birthplace: Fred. Co. Md.

MOTHER
14. Maiden name: Mary Coagrove
15. Birthplace: Fred Co. Md.

16. Informant: Mary Sigler
Address: Middletown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8-18-47 (month) (day) (year)
Cemetery or crematory: Lutheran
Location: Middletown Md

18. Funeral director: Gladhill Co
Address: Middletown Md.

19. Aug 18 1947 (Date rec'd by registrar) Marie Gladhill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 17 1947 at 6.30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 16 1947, to Aug 17 1947
and that I last saw him alive on Aug 16 1947

Immediate cause of death	DURATION
Due to: Bronchial pneumonia	about 4 days
Due to:	
Other conditions: Hydrocephalus	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: J. E. Harp M.D.
M. D. or other

Address: Middletown — Date signed 8.18.47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

94a

07074

Reg. Dist. No. 131

1. PLACE OF DEATH:

County: Frederick

City or ~~town~~: Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 years

Hospital, institution, or street address where death occurred: 1318 North Market Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or ~~town~~: Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1318 North Market Street

(If rural, give LOCATION)

2.(a) If veteran, name war: None

3.(a) FULL NAME: FREDERICK STANLEY STULL

3.(b) Social Security Number: 213-24-8700

4. Sex	5. Color or race	6.(a) ~~Single~~, married, ~~widowed~~, or divorced
M	W	M

6.(b) Name of ~~husband~~ or wife: Dona Wachter

6.(c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): June 17, 1873

8. AGE:

Years	Months	Days	If less than one day
74	1	23	hrs. min.

9. Birthplace: Nr. Lewistown-Frederick-Maryland (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Frederick Memorial Park

FATHER

12. Name: Frederick A. Stull

13. Birthplace: Frederick County Maryland

MOTHER

14. Maiden name: Ann Holtz

15. Birthplace: Frederick County Maryland

16. Informant: Mrs. Dona Wachter Stull

Address: 1318 N. Market St., Frederick, Md.

17. Burial (Burial, ~~cremation~~, or removal. Which?) Date thereof: 8/13/47 (month) (day) (year)

Cemetery or ~~crematory~~: Zion Reformed Cemetery

Location: Charlesville, Maryland

18. Funeral director: M. R. Etchison and Son

Address: Frederick, Maryland

19. 11 August 1947 (Date rec'd by registrar) Elizabeth Y. Heck. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 10, 1947 at 10:15A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 15 1947, to Aug 10 1947 and that I last saw him alive on Aug 9, 1947

Immediate cause of death: Coronary Thrombosis

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: H. Lawrence Fahrney M. D. M. D. or other

Address: Frederick, Maryland Date signed: 8-11-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

183

67073

Reg. Dist. No. 131

1. PLACE OF DEATH:
County: Frederick
~~City or town~~: Lander - Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Alleg
City or ~~town~~: Cumberland
(If outside city or town limits, write RURAL and give nearest town)
Street No. 23 Arch Street
(If rural, give LOCATION)
2.(a) If veteran, name war: None

3.(a) FULL NAME: GEORGE WILLIAM STUMP

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~
M	W	M

6.(b) Name of ~~husband~~ or wife: Olie Stump
6.(c) If alive, give age: 41 years

7. Birth date of deceased (mo., day, yr.): February 9, 1906

8. AGE: Years	Months	Days	If less than one day
41	6	22	hrs. min.

9. Birthplace: Oldtown, Maryland (Town, county, and state)
10. Usual occupation: Bottling House Employee
11. Industry or business: Queen City Brewing Co.

FATHER
12. Name: Kelly Stump
13. Birthplace: Oldtown, Maryland

MOTHER
14. Maiden name: Nora Nuse
15. Birthplace: Oldtown, Maryland

16. Informant: Mrs. Gladys Rice
Address: 132 Humbird St., Cumberland, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 9/3/47 (month) (day) (year)
Cemetery or ~~crematory~~: Rose Hill Cemetery
Location: Cumberland, Maryland

18. Funeral director: John J. Hafer
Address: Cumberland, Maryland

19. 31-Aug 1947 (Date rec'd by registrar) Elizabeth G. Heck Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 31 August 1947 at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Willy 19 to 19
and that I last saw him alive on 31 August 1947

Immediate cause of death: Drowning

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

DURATION

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: 31 AUG 1947
Where did injury occur? Nr LANDER (City or town) FREDERICK (County) Md. (State)
Injured at home, farm, industry, public place (where?): POTOMAC RIVER
Means of injury: DROWNING Injured at work? NO

23. SIGNATURE: Charles K Cosby Jr. M.D.
Dep. Med. Examiner M. D. or other
Address: Frederick Date signed: 31 AUG. 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

184

07075

CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH:

County: Frederick

City or town: near Bartholows

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 hrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Ridgeville

(If outside city or town limits, write RURAL and give nearest town)

Street No.: R.D. Mt. Airy

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: HOWARD C. THOMPSON

3.(b) Social Security Number: 219-05-2230

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of ~~husband or~~ wife: Myrtle D. Thompson

6.(c) If alive, give age: 45 years

7. Birth date of deceased (mo., day, yr.): Sept. 4, 1908

8. AGE: Years 38 | Months 11 | Days 15 | If less than one day: hrs. min.

9. Birthplace: Frederick Co. Maryland (Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business

FATHER 12. Name: Frank Thompson

FATHER 13. Birthplace: Maryland

MOTHER 14. Maiden name: Anna Brashears

MOTHER 15. Birthplace: Maryland

16. Informant: Mrs. Myrtle D. Thompson

Address: Mt. Airy, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: 8-22-47 (month) (day) (year)

Cemetery ~~or crematory~~: Providence

Location: Kemptown, Frederick Co. Md.

18. Funeral director: CM Waltz

Address: Winfield, Md.

19. Aug 20 1947 (Date rec'd by registrar) Lucian K. Falconer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 19 1947, at 8 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ~~1947~~ 19 to 19

and that I last saw h. ~~liv~~ dead alive on Aug 15 1947

Immediate cause of death: Gun shot wound of left groin — DURATION: 15 minutes

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: 8.19.47

Where did injury occur? Bartholows (City or town), Frederick (County) Md (State)

Injured at home, farm, industry, public place (where?): Farm

Means of injury: 16 Shot Gun Injured at work? No

23. SIGNATURE: R W Baer M.D.

Address: Frederick, Md. Date signed: 8.19.47

DR. R. W. BAER
DEPUTY MEDICAL EXAMINER

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

07076

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

830

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County: Frederick
City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 Years
Hospital, Institution, or street address where death occurred:
113 East Church Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 113 East Church Street
(If rural, give LOCATION)
2.(a) If veteran, name war: None

3. (a) FULL NAME
NEWTON EDWIN WACHTER

3. (b) Social Security Number
None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or ~~divorced~~
M	W	W

6.(b) Name of ~~husband~~ or wife: Saville J. Smith
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 7, 1862

8. AGE: Years	Months	Days	If less than one day
85	3	24	hrs. min.

9. Birthplace: Bloomfield-Frederick-Maryland
(Town, county, and state)
10. Usual occupation: Retired Farmer
11. Industry or business

FATHER
12. Name: Henry J. Wachter
13. Birthplace: Frederick County Maryland

MOTHER
14. Maiden name: Sarah Keyser
15. Birthplace: Frederick County Maryland

16. Informant: Leonard G. Wachter
Address: 113 E. Church St., Frederick, Md.

17. Entombment (~~Burial, cremation, or removal. Which?~~) Date thereof: 9/3/47 (month) (day) (year)
~~Cemetery or crematory~~: Frederick Memorial Cloister
Location: Frederick, Maryland

19. Funeral director: M. R. Etchison and Son
Address: Frederick, Maryland

19. 2-Sept 1947 (Date rec'd by registrar) Elizabeth G. Heck. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 31st, 1947 at 7:10A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1 1947 to Aug 28 1947 and that I last saw him alive on Aug 28 1947

Immediate cause of death: Cerebral Hemorrhage — DURATION
Due to: Arteriosclerosis
Due to:
Other conditions:
(Include pregnancy within 8 months of death)

Major findings of operations:
Date of op.:
Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: H H Keirle M. D.
M. D. or other
Address: Frederick, Maryland Date signed: 9-2-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

07077

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93a

CERTIFICATE OF DEATH

Reg. Dist. No. 147

1. PLACE OF DEATH:
County: Frederick Co.
City or town: Rural near Mt. Airy
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? about 54 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Fred. Co.
City or town: Rural near Mt. Airy
(If outside city or town limits, write RURAL and give nearest town)
Street No.: R.D. #3 Mt. Airy
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: William Alfred Walker

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Widowed

6.(b) Name of husband or wife: Laura A. Walker
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): Nov. 1, 1867

8. AGE: Years 79 | Months 9 | Days 7 | If less than one day ..... hrs. ..... min.

9. Birthplace: Brookeville, Mont. Co. Md.
(Town, county, and state)
10. Usual occupation: farmer & fruit grower
11. Industry or business:
FATHER 12. Name: George Wesley Walker
13. Birthplace: Mont. Co. Md.
MOTHER 14. Maiden name: Rachel Purdum
15. Birthplace: Mont. Co. Md.
16. Informant: Dwight D. Walker
Address: Mt. Airy R.D. #3 Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 10-47 (month) (day) (year)
Cemetery ~~or crematory~~: Brookeville Mont. Cem.
Location: Brookeville Mont. Co. Md.
18. Funeral director: J. E. Myers Jr.
Address: Westminster Md.
19. Aug. 9 1947 (Date rec'd by registrar) Claire A. Lindsley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 8 1947 at 5 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 30 1947 to Aug 8 1947 and that I last saw him alive on Aug 8 1947

Immediate cause of death	DURATION
Acute Myocarditis	
Heart Failure	
Due to: Arteriosclerosis and	
Due to: Hypertension	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: C. M. Van Poole M. D. ~~or other~~
Address: Mt Airy Md. Date signed: 8/8/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

07078

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

512

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County: Frederick

City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? About 50 years

Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital

How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 417 S. Market Street
(If rural, give LOCATION)

2.(a) If veteran, name war: None

3.(a) FULL NAME
BYRON LEWIS HENRY ZIMMERMAN

3.(b) Social Security Number
None

4. Sex: Male

5. Color or race: White

6.(a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6.(b) Name of ~~husband~~ or wife: Sara Catherine Leitch

6.(c) If alive, give age: 49 years

7. Birth date of deceased (mo., day, yr.): January 28, 1887

8. AGE: Years: 60 Months: 6 Days: 7 If less than one day: ..... hrs. ..... min.

9. Birthplace: Charlesville, Frederick Co., Md.
(Town, county, and state)

10. Usual occupation: Caretaker-Md. State School for Deaf

11. Industry or business

FATHER
12. Name: Cornelius Zimmerman
13. Birthplace: Frederick County, Maryland

MOTHER
14. Maiden name: Clementine Stull
15. Birthplace: Frederick County, Maryland

16. Informant: Mrs. Byron Zimmerman
Address: Frederick, Maryland

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: August 6, 1947 (month) (day) (year)

Cemetery or ~~crematory~~: Zion Reformed Cemetery

Location: Charlesville, Maryland

18. Funeral director: C. E. Cline & Son
Address: Frederick, Maryland

19. 6 Aug 1947 (Date rec'd by registrar) Elizabeth G. Heck. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 4 1947, at 11:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1947 to Aug. 4 1947 and that I last saw ~~him~~ alive on Aug. 4 1947

Immediate cause of death	DURATION
Carcinoma of Prostate	6 mo.
Due to: Metastases to Vertebra	
Due to: Bone & Lungs & Bladder	
Other conditions: Anemia	

(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op.

Autopsy results: None.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: A. A. Pearre, M.D. M. D. or other

Address: Frederick, Md. Date signed: 8/5/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M